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European Commission
DG Health and Consumers

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Second programme of Community action in the field of health (2008-13)

A measure designed to protect and improve human health, 'excluding any harmonisation of the laws and regulations of the MS'.
A tool to implement EU Health strategy

1993-2002	Eight separate action programmes
2003-2008 € 312 million	Programme of Community action in the field of public health (2003-08) Decision No 1786/2002/EC
2008-2013 € 321.5 million	Second programme of Community action in the field of health (2008-13) Decision No 1350/2007/EC



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Objectives

- **Complement, support and add value to Member States' policies**
- **Contribute to increased solidarity and prosperity in the EU by protecting and promoting human health and safety and improving public health**





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Objectives (2)

- a) Improve citizens' health security**
- b) Promote health, including the reduction of health inequalities**
- c) Generate and disseminate health information and knowledge**



Objectives (2 a)

Improve citizens' health security

- Protect citizens against health threats
 - pandemic influenza preparedness and response planning in other sectors than the health sector
 - crisis communication in the area of risk management
 - environmental risks of medicinal products
 - HIV and co-infections prevention strategies
- Improve citizens' safety
 - early identification of risks (scientific advice)
 - Safety of blood, tissues, cells and organs
 - patient safety



Objectives (2 b)

Promote health

- **Healthier ways of life & inequalities**
 - healthy ageing; health at work; health & other policies
 - identify & reduce health inequalities; cross-border care
- **Lifestyles**
 - tobacco and alcohol prevention
- **prevention of major diseases**
 - cancer prevention in relation to environmental factors
- **Rare diseases**
 - Creation of pilot networks on rare diseases
 - implementation of national plans/strategies on rare diseases



Objectives (2 c)

Generate and disseminate health information and knowledge

■ European Health Information System

- payment of care for cross border patients (creation of a pilot network)
- national health systems and their economic efficiency
- E-health cooperation (e-prescription interoperability)
- Health information (healthcare quality indicators)
- Health Technology assessment

■ Dissemination and application of health information

- Communication and promotion of policies and Health Programme results
- mechanisms for data analysis and dissemination; information to stakeholders and policy makers
- analysis and technical assistance in support of policy development or implementation



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Budget for 2011^(*)

(includes contribution from EFTA/EEA and Croatia)

Community action in the field of health	€ 48 313 028
Expenditure on administrative management	€ 1 438 320
TOTAL	€ 49 751 348

(*) the AWP for 2011 is currently being discussed with MS.
Adoption foreseen in the 1st quarter 2011



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Implementation

- **Annual work plans** set out priorities and actions and criteria for EU funding.
- **Programme Committee** assists Commission
- **Executive Agency on Health and Consumers (EAHC)** implements
- **National Focal Points:** advice & support to potential applicants



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1. On a proposal of the Commission via co-decision procedure

PUBLIC HEALTH PROGRAMME
2003-2008
Decision N° 1786/2002/EC
of the European Parliament and of the Council
of 23 September 2002

HEALTH PROGRAMME
2008-2013
Decision N° 1350/2007/EC
of the European Parliament and of the Council
of 23 October 2007



ANNUAL WORK PLANS
Commission decisions adopted
through Comitology procedure

2. On the basis of the Programme Decision, the Commission designs annually the work priorities and financial mechanisms for their implementation in close cooperation with MSs and participating countries

Programme Committee
(27 MS with voting rights + EEA & candidate countries as observers)



3. On the basis of AWP, the EAHC implements the health priorities

with the help of
National Focal Points
through
INFODAYS

CALLS FOR PROPOSALS for PROJECTS, OPERATING GRANTS, CONFERENCES and JOINT ACTIONS & CALLS FOR TENDERS



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A tentative typology of projects

A possible way forward for the EU Health Programme:

- Providing the evidence: research project;
- Testing the evidence in real settings: demonstration project to ensure added value from EU-wide collaboration;
- Implementing the evidence: the uptake by the MS



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Financing mechanisms I

Project grants:

- Public or private bodies based in one of the participating countries
- EU contribution:
up to 60% of project costs - up to 80% in case of exceptional utility

Procurement:

- Service contracts to cover specific Programme objectives (for a total amount of € M17)
- Calls for tenders are envisaged to be published in the first semester of 2011 in the Official Journal following the indications given in the 2011 AWP. plan.
- EU financing 100%



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Financing mechanisms II

Joint actions: EU Commission and Member States/other participating countries:

- Public bodies or non-governmental organisations designated by them;
- EU contribution up to 50% - up to 70% in case of exceptional utility

Operating grants:

- Non-governmental organisations or specialised networks to cover core functioning costs – related to programme objectives;
- EU contribution up to 60% - up to 80% in case of exceptional utility



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Financing mechanisms III

Conferences:

■ Presidency conferences

- Maximum: one conference per Presidency
- EU contribution up to 50% (up to € 100 000)

■ Other conferences (to be organised the year after the call)

- EU contribution up to 50% (up to € 100 000 if well justified)
- WP priorities
- Wide EU dimension
- Organised by a public or non-profit making body



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Cooperation with international organisations

- Funding through direct agreements to cover specific actions agreed with respective organisations
 - – Council of Europe (CoE)
 - – International Agency for Research on Cancer (IARC)
 - – Organisation for Economic Co-operation and Development (OECD)
 - – World Health Organisation (WHO)

- EU contribution up to 60%



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Implementation 2011

- **Work Plan 2011 and Calls for proposals to be adopted and published by end March 2011**

- in the Official Journal of the EU

<http://eur-lex.europa.eu/>

- and on websites

<http://ec.europa.eu/eahc/>

http://ec.europa.eu/health/programme/policy/index_en.htm

- **Calls for tender:**

- Ted : Tenders electronic daily

<http://ted.europa.eu/TED/main/HomePage.do>

- EAHC website:

<http://ec.europa.eu/eahc/health/tenders.html>



Participation

- **Member States**
- **EFTA/EEA countries**

If the necessary legal arrangements are in place:

- **Applicant, candidate and accession countries – currently Croatia participates**
- **European Neighbourhood Policy countries**
- **Western Balkan countries included in the stabilisation and association process**





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Main partner/ coordinator

- Responsibility to ensure the action implementation as per the grant agreement.
- Technical, financial and administrative management responsibility.
- Contact point between the agency and the associated partners.
- Responsibility, in case of audits, to provide all documentary evidences.



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Other types of partners

- Associated partner
- Sub-contractor
- Collaborating partner





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Associated partners

- The associated partners participate fully in the action, both technically and financially, according to the technical and budgetary annex.
- The associated partners are jointly liable for the action, together with the main partner and coordinator.
- The associated partners have a direct contractual relationship with the EAHC (whether they sign the contract, or mandate the coordinator to do so).
- The associated partners shall ensure that all data, reports, financial documents, ... provided for in the grant agreement are delivered to the main partner



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Sub-contractor

- The sub-contractor is a service provider to either the main or an associated partner.
- Sub-contracting may be required. Awarding sub-contracts can be more cost effective or can be justified by the nature of the action.
- The core activities of the action cannot be sub-contracted.
- Sub-contractors are non financial contributor to the project.
- They have no rights to the results of the action.



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Collaborating partners

They increase the technical and scientific value of the project.

- But they are not mandatory in a project.
- They have no contractual relationship with the agency.
- And they cannot contribute financially nor in kind to the project.



General principles

- Co-financing rule: you need to **have your own financial resources** or financial resources of third parties to contribute to the costs of the project.
- Non-profit rule: the grant **may not have the purpose or effect of producing a profit** for you.
- Non-retroactivity rule: you **can get co-funding only for the costs incurred after the starting date** stipulated in the grant agreement.
- Non-cumulative rule: each action may give rise to the award of **only one grant** to any one beneficiary (you can't get paid twice for the same cost).
- All financed activities should: provide **high added value at EU level**, be innovative, and normally last no longer than three years (except conferences and operating grants)



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Evaluation of proposals

1. Screening

check compliance with the exclusion criteria

2. Financial & Operational capacity

check compliance with the selection criteria

3. Evaluation of compliance with award criteria

Individual evaluation by 3 External Experts +

SANCO advice on policy relevance

6. MS Programme committee

Provides opinion on evaluation committee proposals decision

5. Evaluation committee

Based on ranking within strands:
a) Ensure compliance with criteria
b) Exclude potential duplication
c) Decide on funding based on proposed co-funding and available budget

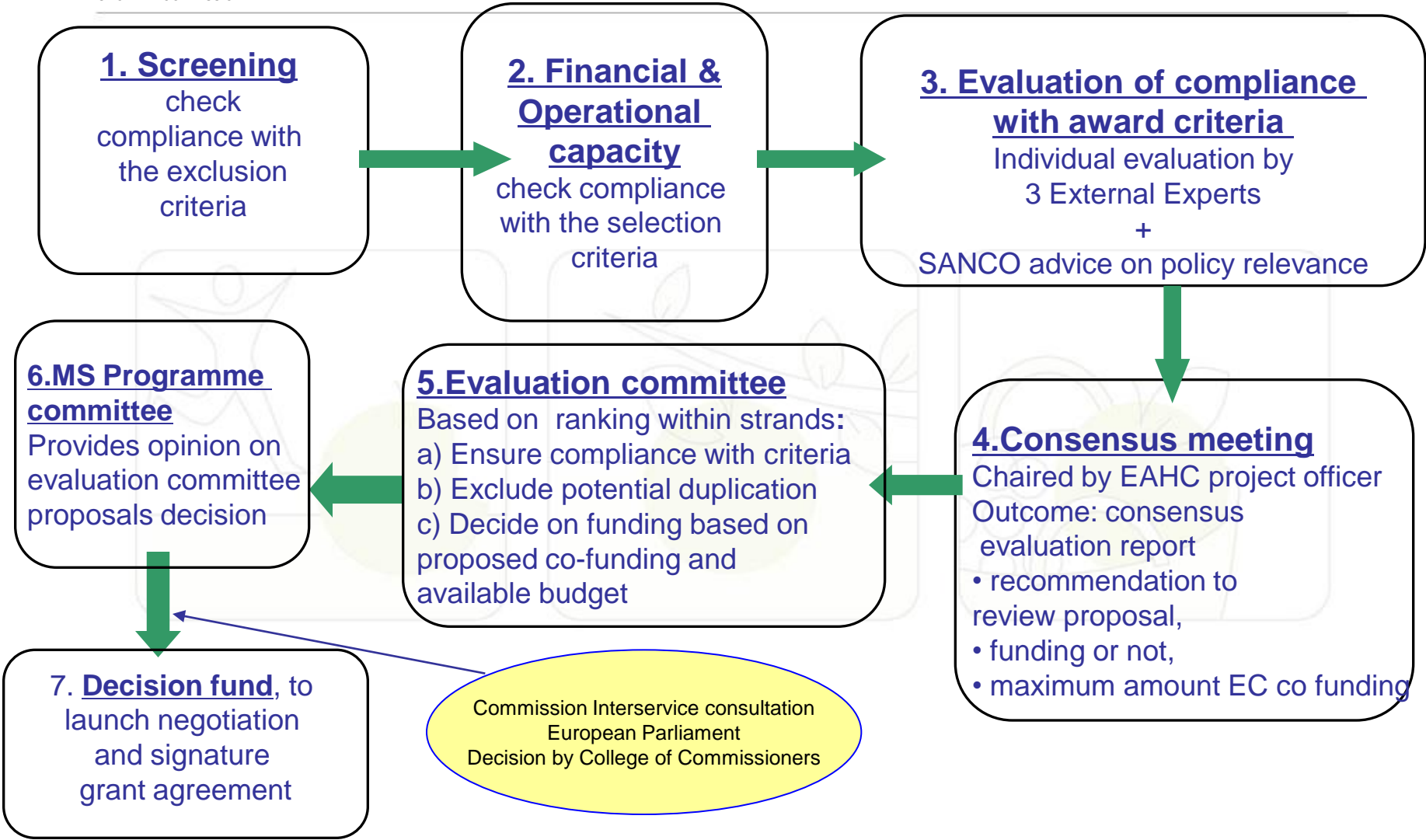
4. Consensus meeting

Chaired by EAHC project officer
Outcome: consensus evaluation report

- recommendation to review proposal,
- funding or not,
- maximum amount EC co funding

7. Decision fund, to launch negotiation and signature grant agreement

Commission Interservice consultation
European Parliament
Decision by College of Commissioners





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Policy and contextual relevance

- Vis-à-vis the objectives and priorities of the Health Programme
- Vis-à-vis the EU Health Strategy and expected contribution to the existing knowledge and implications for health
- Added value at European level:
 - impact on target groups, long term effect and potential multiplier effects
 - contribution to complementarity, synergy and compatibility with relevant EU policies and other programmes,
- Pertinence of the geographical coverage
- Adequacy of the project with social, cultural and political context



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Information

SANCO Website

<http://ec.europa.eu/health>

Public Health Portal

<http://health.europa.eu>

EAHC Website

<http://ec.europa.eu/eahc/index.html>



Health-EU

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Executive
Agency
for Health
and Consumers



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■ Policy questions:

DG Health and Consumers:

kirsi.karkkainen@ec.europa.eu

■ Practical questions:

■ Executive Agency: eahc@ec.europa.eu

■ National focal points:

http://ec.europa.eu/eahc/documents/list_NFPs.pdf



Thank you